

UTAH COVERAGE OF UNINSURED DEMONSTRATION

FACT SHEET

Name of Section 1115 Demonstration:	Utah Primary Care Network (PCN)
Date Proposal Submitted:	December 11, 2001
Date Proposal Approved:	February 8, 2002
Date Implemented:	July 1, 2002

SUMMARY

Utah's Primary Care Network is a statewide section 1115 demonstration to expand Medicaid coverage. The demonstration uses increased flexibility with current eligibles to fund a Medicaid expansion to 25,000 uninsured adults age 19 and older with incomes under 150 percent of the federal poverty level (FPL). The state's SCHIP program already covers children under age 19 with incomes under 200 percent of the FPL.

ELIGIBILITY

- **Current eligible:** Current eligibles in this demonstration include adults currently in the mandatory sections 1925 (Transitional Medical Assistance) and 1931 (TANF) Medicaid categories, and adults in the optional medically needy category (who are not aged, blind, or disabled). For purposes of this demonstration, "adult" is defined as age 19 and above.
- **Demonstration Population I:** Adults age 19 and above with gross income up to 150 percent of the FPL will comprise the expansion eligibles in Demonstration Population I.
 - Gross income limits will be applied, and there will be no income disregards to evaluate.

- No spend down will be allowed, and an applicant who has access to other health insurance coverage must apply for and enroll in that coverage.
- Individuals are not eligible if they voluntarily terminate coverage of any health insurance plan within six months of applying for the PCN program.
- Medicaid citizenship requirements will apply.
- The eligibility period will be 12 months.
- The state will have an enrollment cap of 25,000 on new adults in Demonstration Population I. They may reduce the cap if there is a budget shortfall.
- Demonstration Population II: High-risk pregnant women with assets in excess of the maximum permitted by state plan will comprise Demonstration Population II.

BENEFIT PACKAGE

- Current eligibles: Current eligibles will get a service package equivalent to the state employees' package, known as PEHP. The PEHP package is comprehensive but slightly more restrictive than Utah's Medicaid state plan. It is comparable to what is offered under their SCHIP program. Few state plan services are actually eliminated. Instead, the PEHP-like plan would also impose coverage limitations – such as limits on number of visits or total dollar coverage – on many of the remaining services.
- Demonstration Population I: New adults will get a package of primary and preventive care services. These include physician (excluding specialists), lab, radiology, durable medical equipment, emergency room services, pharmacy, dental, and vision. They will not be eligible for inpatient hospital or long term care services.
- Demonstration Population II: High-risk pregnant women in Demonstration Population II will get the full Medicaid benefit package available under the state plan.

ENROLLMENT/DISENROLLMENT PROCESS

- Current eligibles: Current eligibles will be enrolled and disenrolled using the same

eligibility sites in place for the traditional Medicaid population.

- Demonstration Population I: New adults will be enrolled using the same eligibility sites as those used for the traditional Medicaid population. In addition, the state plans to enhance the ability of out-stationed, high-volume Medicaid providers to expand on-site application processing. The state will simplify the eligibility process, and will ensure applicants are not eligible for other Medicaid categories.
- Demonstration Population II: High-risk pregnant women will be enrolled and disenrolled using the same eligibility sites in place for the traditional Medicaid population.

DELIVERY SYSTEM

- Current eligibles: Current eligibles will continue to use existing Medicaid managed care delivery systems where available, and fee-for-service in rural areas where managed care is not available.
- Demonstration Population I: The delivery system for new adults in Demonstration Population I is being developed, and will likely use a fee-for-service system specific to this program.
- Demonstration Population II: High-risk pregnant women in Demonstration Population II will continue to use existing Medicaid managed care delivery systems where available, and fee-for-service in rural areas where managed care is not available.

QUALITY ASSURANCE

- Current eligibles: The state will monitor quality and access for current eligibles through the mechanisms already in place for their managed care programs. The same standards and monitoring strategy will apply.
- Demonstration Population I: For new adults, the State will conduct SURS-like analyses of utilization and claims audits, as well as providing a complaint process and conducting biennial consumer surveys.

- Demonstration Population II: The state will monitor quality and access for high-risk pregnant women in Demonstration Population II through the mechanisms already in place for their managed care programs. The same standards and monitoring strategy will apply.

COST-SHARING

- Enrollment fees:
 - Current eligibles: None
 - Demonstration Population I: \$50 annual enrollment fee for new adults
 - Demonstration Population II: No enrollment fee for new high risk pregnant women
- Copayments and Coinsurance:
 - Current eligibles: Greater than state plan, but still nominal
 - Demonstration Population I: Greater than nominal
 - Demonstration Population II: Same as state plan (few required)

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